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Substitute for form 1449/PTO				Complete if Known			
Substitute for form 1440% 15				Application Number	10/761,047		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Filing Date	01/20/2004		
				First Named Inventor	Stephen R. Van Doren		
	(Use as many she	ets as n	ecessary)	Art Unit	2457		
(ose as many sheets as necessary)				Examiner Name	Burgess, Barbara N.		
Sheet	1	of	1	Attorney Docket Number	200313631-1		

			***************************************		
		NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			
	7.7.1111	Notice of Allowance dated 6-28-2006 for Serial number 10/761,044 in the United States			
		Final Office Action dated 3-21-2007 for Serial number 10/760,599 in the United States			
		Non-Final Office Action dated 10-6-2006 for Serial number 10/760,599 in the United States			
		Non-Final Office Action dated 4-19-2006 for Serial number 10/760,599 in the United States			
		Final Office Action dated 4-18-2007 for Serial number 10/760,640 in the United States			
		Non-Final Office Action dated 10-10-2006 for Serial number 10/760,640 in the United States			
		Non-Final Office Action dated 4-19-2006 for Serial number 10/760,640 in the United States			
уунарон (рүскі саруж жайынды махалоосы таанала		Final Office Action dated 12-4-2006 for Serial number 10/760,813 in the United States			
		Non-Final Office Action dated 6-29-2006 for Serial number 10/760,813 in the United States			
	:	Final Office Action dated 5-14-2009 for Serial number 10/761,048 in the United States			

	**************************************	
Examiner	Date	
Signature	Considered	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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